

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155680		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 09/01/2011	
NAME OF PROVIDER OR SUPPLIER HOMEWOOD HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP CODE 2494 N LEBANON ST LEBANON, IN46052			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 09/01/11</p> <p>Facility Number: 002703 Provider Number: 155680 AIM Number: 200309250</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Homewood Health Campus was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The original building was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility was determined to be of Type V (111)</p>			K0000	<p>Submission of this plan of correction does not constitute an admission by Homewood Health campus of any wrong-doing or failure to comply with the Federal or State Regulations.</p> <p>Homewood Health Campus submits this plan of correction as its letter of credible allegation and is requesting a desk review or a request for a revisit immediately after October 1, 2011.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K0064 SS=F	<p>construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors resident rooms and spaces open to the corridors. The facility has the capacity for 55 and had a census of 48 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 09/02/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by:</p> <p>Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10</p> <p>Based on observation and interview, the facility failed to ensure monthly inspections were provided for 9 of 9 portable fire extinguishers. NFPA 10, the Standard for Portable Fire Extinguishers, in 4-4.1 requires fire extinguishers shall be subjected to maintenance when specifically indicated by a monthly inspection. NFPA 10, 4-3.4.2 requires at least monthly, the date</p>			K0064	<p>K 064</p> <p>Submission of this plan of correction does not constitute an admission by Homewood Health campus of any wrong-doing or failure to comply with the Federal or State Regulations.</p> <p>Homewood Health Campus submits this plan of correction as its letter of credible allegation and is requesting a desk review or a request for a revisit immediately after October 1, 2011.</p>		09/17/2011

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	<p>of inspection and the initials of the person performing the inspection shall be recorded. In addition NFPA 10, 4-2.1 defines inspection as a quick check that an extinguisher is available and will operate. This deficient practice could affect affect all occupants.</p> <p>Findings include:</p> <p>Based on observations with the maintenance director on 09/01/11 between 1:05 p.m. and 4:00 p.m., every portable fire extinguisher had service and inspection tags which noted the last monthly check had been done 07/14/11. The maintenance director said at the time of observation, he usually checked all the fire extinguishers when he conducted a fire drill and had forgotten to do so.</p> <p>3.1-19(b)</p>				<p>Nine (9) of nine (9) portable fire extinguishers were immediately inspected and initialed for the month 09.1.11 for those residents found to have been affected by alleged deficient practice.</p> <p>Nine (9) of nine (9) portable fire extinguishers were immediately inspected and initialed for the month 09.1.11 for those residents found to have been affected by alleged deficient practice and for all residents that may have the potential to be affected.</p> <p>All extinguishers have been numbered and noted on a map, also a check list with approximate location has been constructed and check list has been made that will require all portable fire extinguishers to be checked prior to the 15 th of each month to ensure the alleged deficient practice does not recur.</p> <p>All fire extinguisjers will be checked weekly times three (3) weeks After which they will be checked every two weeks times two (2) Months then monthly and will be reviewed during Quality Assurance program monthly times six (6) months to ensure the deficient practice will not recur.</p> <p>All corrective actions will be completed by 09.17.2011.</p>		

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K0069 SS=D	<p>Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 commercial cooking extinguishing systems provided protection for the fryer in the kitchen. NFPA 96, 7-1.2 requires cooking equipment which produces grease laden vapors such as, but not limited to, deep fat fryers, ranges and tilt skillets shall be protected by fire extinguishing equipment. This deficient practice could affect 3 kitchen staff.</p> <p>Findings include:</p> <p>Based on observation of the commercial kitchen range hood protection system with the maintenance director on 09/01/11 at 2:35 p.m., protection was not provided for the fryer since it was positioned out of the line of protection near the very edge of the hood. An arm had been added to extend a nozzle of the extinguishing system over the fryer, but it didn't reach because things had been moved. The maintenance director said at the</p>			K0069	<p>K 069</p> <p>Submission of this plan of correction does not constitute an admission by Homewood Health campus of any wrong-doing or failure to comply with the Federal or State Regulations.</p> <p>Homewood Health Campus submits this plan of correction as its letter of credible allegation and is requesting a desk review or a request for a revisit immediately after October 1, 2011.</p> <p>All kitchens cooking equipment was immediately shifted to the proper spot to ensure the extinguishing system coverage was being met on all cooking equipment which could have affect 3 kitchen staff.</p> <p>All kitchens cooking equipment was immediately shifted to the proper spot to ensure the extinguishing system coverage was being met on all cooking equipment which could have affect 3 kitchen staff and of other residents having the potential to be affected by the same alleged deficient practice.</p> <p>Floor has been marked to ensure the fryer is always In the correct placement for ansil coverage and check list constructed to ensure placement is being monitored to</p>		09/17/2011

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K0000	<p>time of observation, the fryer and other cooking appliances must have been moved.</p> <p>3.1-19(b)</p> <p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 09/01/11</p> <p>Facility Number: 002703 Provider Number: 155680 AIM Number: 200309250</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Homewood Health Campus was</p>			K0000	<p>ensure the alleged deficient practice does not recur.</p> <p>The corrective measure will be monitored to ensure the alleged deficient practice does not recur by checking the location of the the extinguishing system to ensure there is coverage over all cooking equipment once daily times two (2) weeks then once weekly times six (6) months and will be reviewed during monthly Quality Assurance meetings.</p> <p>All corrective actions will be completed by 09.17.2011</p> <p>Submission of this plan of correction does not constitute an admission by Homewood Health campus of any wrong-doing or failure to comply with the Federal or State Regulations.</p> <p>Homewood Health Campus submits this plan of correction as its letter of credible allegation and is requesting a desk review or a request for a revisit immediately after October 1, 2011.</p>		

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	<p>found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), and 410 IAC 16.2. The addition to the 300 hall after March 2003 was surveyed with Chapter 18, New Health Care Occupancies.</p> <p>This addition to the 300 hall was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, resident rooms and spaces open to the corridors. The facility has the capacity for 55 and had a census of 48 at the time of this survey.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by:</p>						

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K0064 SS=F	<p>The facility has a fire alarm system with smoke detection in the corridors, resident rooms and spaces open to the corridors. The facility has the capacity for 55 and had a census of 48 at the time of this survey.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by:</p> <p>Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1, NFPA 10. 18.3.5.6</p> <p>Based on observation and interview, the facility failed to ensure monthly checks were provided for 1 of 2 portable fire extinguishers protecting the 300 hall addition. NFPA 10, the Standard for Portable Fire Extinguishers, in 4-4.1 requires fire extinguishers shall be subjected to maintenance when specifically indicated by a monthly inspection. NFPA 10, 4-2.2 defines maintenance as a</p>			K0064	<p>K 064</p> <p>Submission of this plan of correction does not constitute an admission by Homewood Health campus of any wrong-doing or failure to comply with the Federal or State Regulations.</p> <p>Homewood Health Campus submits this plan of correction as its letter of credible allegation and is requesting a desk review or a request for a revisit immediately after October 1, 2011.</p>		09/17/2011

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	<p>"thorough check" of the extinguisher. It is intended to give maximum assurance the extinguisher will operate effectively and safely. NFPA 10, 4-3.4.2 requires at least monthly, the date of inspection and the initials of the person performing the inspection shall be recorded. In addition NFPA 10, 4-2.1 defines inspection as a quick check an extinguisher is available and will operate. This deficient practice could affect affect all occupants.</p> <p>Findings include:</p> <p>Based on observations with the maintenance director on 09/01/11 between 1:05 p.m. and 4:00 p.m., portable fire extinguishers located in the maintenance office and corridor outside the maintenance office were available to protect the 300 hall addition. The portable fire extinguisher located in the corridor had a service and inspection tag which noted the last monthly check had been done 07/14/11. The maintenance director said at the time of observation, he usually checked all the fire extinguishers when he</p>				<p>Nine (9) of nine (9) portable fire extinguishers were immediately inspected and initialed for the month 09.1.11 for those residents found to have been affected by alleged deficient practice.</p> <p>Nine (9) of nine (9) portable fire extinguishers were immediately inspected and initialed for the month 09.1.11 for those residents found to have been affected by alleged deficient practice and for all residents that may have the potential to be affected.</p> <p>All extinguishers have been numbered and noted on a map, also a check list with approximate location has been constructed and check list has been made that will require all portable fire extinguishers to be checked prior to the 15 th of each month to ensure the alleged deficient practice does not recur.</p> <p>All fire extinguisjers will be checked weekly times three (3) weeks After which they will be checked every two weeks times two (2) Months then monthly and will be reviewed during Quality Assurance program monthly times six (6) months to ensure the deficient practice will not recur.</p> <p>All corrective actions will be completed by 09.17.2011.</p>		

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	conducted a fire drill and had forgotten to do so for all but the extinguisher in the maintenance office. 3.1-19(b)						